

ARKANSAS	2113 W. Walnut St., Rogers AR 72756 Office: 479-271-1003 Text: 475-52 Email: permits@bentoncountyar.gov Website:bentoncountyar.gov/community-risk	2-1003 Checklist: □ Application □ Septic Appr	☐ Stamped Building Plans oval ☐ Planning Board Approval ☐ State Plumbing Approval		
	CT: Owner Contractor ER INFORMATION	☐ Site Plan☐ Asbestos Re	☐ Contractor Licenses port on Remodels & Demos than 11x17 must be digital and all be legible.		
	2:				
			Zip:		
	Email:				
Property owners mailing address: I the undersigned will be responsible for performing the work and meeting the requirements of all codes, ordinances, and laws; and that I am the owner of the above described property.					
	Property C)wner Signature	Date		
CONTRACTOR IN	IFORMATION				
Contractors Name:		Primary Contact:			
Phone:	Email:		Lic. #		
SUB-CONTRACTORS:					
	Phone:				
	Phone:				
	provided with each new project.	Email: _			
BUILDING INFO	RMATION				
Building Use:		Total SF:			
Construction Turns					

Parcel # _

Building Use:			Total SF:							
Construction Type:							□ IV	□ VA	□ VB	
Use Group:	□ A-1	□ A-2	□ A-3	□ A-4	□В	□Е	□ F-1	□ F-2	□ H-1	
	□ H234	□ H-5	□ I-1	□ I-2	□ I-3	□ I-4	\square M	□ R-1	□ R-2	
	□ R-3	□ R-4	□ S-1	□ S-2	\Box U					

UTILITY INFORMATION

☐ Septic ☐ Sewer		
Elec. Provider:	Water Provider	Gas Provider

Note: This permit becomes null and void if work or construction authorized in not commenced within 6 MONTHS, or if construction or work is suspended or abandoned for a period of 6 MONTHS at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of the Law and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the previsions of any other State or Local Law regulating construction or the performance of construction.

Owner	/Contractor	Signatura
Owner	/COHLI actor	Siuliatule